Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000062281 3)))



H240000522813ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. and the control of th

т	~	٠
	u	•

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305)599-0839 Fax Number : (385)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MERPAX WESTON LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

LEB 12 2024 T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERPAX WESTON LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000054207	y were filed on 01/31/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:		第二二
	Enter Florida street address	PH ED
	, Florida	
	City	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent;

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Diaz Martinez, Maria Monica	5600 SW 135 AVENUE, SUITE 106R	⊠ 'Add
		MIAMI, FL 33183	
			□Add
			□Remove
			DChange
			
			□Remove
			□ Change
			🗆 🗆 Add
			[]Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			⊡ Change

 -			·	
				<u>-</u>
				· · · · · · · · · · · · · · · · · · ·
				
				
	·		····-	
		·		
fective date, if other	than the date of filing:		(opti	onal)
ote: If the dele inserted	he date must be specific and call in this block does not mee to on the Department of State	t the applicable statu	(opti filing or more than 90 days after story filing requirements, thi	filing.) Pursuant to 605.020 a date will not be listed a
ecord specifies a delayer is filed.	ed effective date; but not an	effective time, at 12	:01 a.m. on the carlier of: (b	The 90th day after the
	New Control			
FEBRUARY 13.2				
red FEBRUARY 12.2	Tailin.	·		

Filing Fee: \$25.00

Typed or printed name of signee